

STUDENT SCHEDULE CHANGE FORM
(To be used for changes to a pre-existing schedule)

REGISTRATION-T

Print clearly and use ink (no pencil).

Royal ID	Name	Scranton Email Address @scranton.edu
College <input type="checkbox"/> CAS <input type="checkbox"/> KSOM LCCHS	Class <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	Cell Phone #
Major	Term Fall Intersession Spring Summer _____ Part of Term	Year

Courses To Drop/Withdraw						Courses To Add			
CRN	Subject	Number	Section	Last Date of Attendance <i>(Instructor Must Enter)</i>	Instructor's Signature <i>(Required after 100% refund period)</i>	CRN	Subject	Number	Section

I have read the policy for Course Schedule Changes. I understand that I must self-report non-attendance in scheduled coursework to my instructor(s) immediately.

Student Signature	Date
-------------------	------

Approval Signatures	Approved	Not Approved	Date
Academic Dean			
Mentor <i>(Required for undergraduate students in accelerated programs and graduate students)</i>			

Return the completed form to the Office of the Registrar, O'Hara Hall or registrar@scranton.edu.

ORAS Office Use: Tuition refund based upon policy:	100%	75%	50 %	25%	W Grade (no refund)
<input type="checkbox"/> Course(s) Added/Dropped <input type="checkbox"/> Scan record	Signature				Date